

Check RF122 for each procedure, if listed below and matched on RF122 add to RF121.

Source - UB Editor

Modifier	Description	
25	Separately identifiable E & M service.	Pays E & M in addition to diagnostic or surgical procedure of the same date
27	Multiple E & M same date	Pays additional E & M service same date
50	Bilateral Procedure	Pays second code at 50%* (same operative/radiologic session)
52	Reduced services	At present, we do not discount for reduced procedures**
73	Discontinued out-patient/ASC procedure prior to administration of anesthesia	At present, we do not discount for reduced procedures**
74	Discontinued outpatient/ASC procedure after administration of anesthesia	At present, we do not discount for reduced procedures**
58	Staged or related procedure/same physician/post-op period	This modifier has to over-ride post-op days
59	Separately identifiable procedure	To report services that are not normally reported together. Currently, 59 sends claims to Med review
76	Procedure/service repeated in a separate operative session on the sme day	Will need to over-ride daily limit/dupe edits
77	Repeat procedure/service, another physician, same day	Will need to over-ride daily limit/dupe edits
78	Return to OR--related procedure during global period	Will need to over-ride global days/dupe edits
79	Unrelated procedure during a post-op period	Will need to over-ride global days

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91	Laboratory/test performed more than once on the same day	Over-ride daily limits
E1	Upper left eyelid	Informational/over-ride limits/one unit per modifier
E2	Lower left eyelid	Informational/over-ride limits/one unit per modifier
E3	Upper right eyelid	Informational/over-ride limits/one unit per modifier
E4	Lower right eyelid	Informational/over-ride limits/one unit per modifier
FA	Left hand thumb	Informational/over-ride limits/one unit per modifier
F1	Left hand second digit	Informational/over-ride limits/one unit per modifier
F2	Left hand third digit	Informational/over-ride limits/one unit per modifier
F3	Left hand fourth digit	Informational/over-ride limits/one unit per modifier
F4	Left hand fifth digit	Informational/over-ride limits/one unit per modifier
F5	Right hand thumb	Informational/over-ride limits/one unit per modifier
F6	Right hand second digit	Informational/over-ride limits/one unit per modifier
F7	Right hand third digit	Informational/over-ride limits/one unit per modifier
F8	Right hand fourth digit	Informational/over-ride limits/one unit per modifier
F9	Right hand fifth digit	Informational/over-ride limits/one unit per modifier
LC	Left circumflex coronary artery	Informational/over-ride limits/one unit per modifier
LD	Left anterior descending coronary artery	Informational/over-ride limits/one unit per modifier
RC	Right coronary artery	Informational/over-ride limits/one unit per modifier
LT	Left side	Informational/over-ride limits/one unit per modifier
RT	Right side	Informational/over-ride limits/one unit per modifier
TA	Left foot great toe	Informational/over-ride limits/one unit per modifier
T1	Left foot second digit	Informational/over-ride limits/one unit per modifier
T2	Left foot third digit	Informational/over-ride limits/one unit per modifier
T3	Left foot fourth digit	Informational/over-ride limits/one unit per modifier
T4	Left foot fifth digit	Informational/over-ride limits/one unit per modifier
T5	Right foot great toe	Informational/over-ride limits/one unit per modifier
T6	Right foot second digit	Informational/over-ride limits/one unit per modifier
T7	Right foot third digit	Informational/over-ride limits/one unit per modifier
T8	Right foot fourth digit	Informational/over-ride limits/one unit per modifier
T9	Right foot fifth digit	Informational/over-ride limits/one unit per modifier

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GN	Service/outpatient speech-language plan of care	Medicare
GO	Service/occupational therapy plan of care	Medicare
GP	Service/outpatient physical therapy plan of care	Medicare
G7	Pregnancy result from rape or incest or life-threatening	Medicare
GG	Screening and diagnostic mammogram same day	Medicare
CA	Procedure payable only in in-patient setting performed emergently as outpatient	Medicare
CR		
BL		

*Our methodology is to report bilateral procedures on two lines--second line with the 50 modifier. Medicare instructs to use one line, 50 modifier, and pays at 150%.

**We need to address this issue--if these modifiers are used, we need to over-ride the post-op days/lifetime limits